



Employment

Employment Gatepost



User ID: **XMI365** Username: **F.Marzoni** Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Employment
 - Gatepost**
 - Summary
 - Employment
 - Loss of Employment
 - Self Employment
 - Impairment Expenses
 - Room/Board Earnings
 - WP Sanctions
 - Non Cooperation(W-2)
 - Unearned Income
 - Expenses
- Reference Tables

Employment Gatepost

Effective Period

Last Updated: **11/05/2003**

Questions

Is anyone in your household currently employed or on strike or anyone recently been employed (including goods/free rent in return for work(inkind income), OJT , etc) ?

Has anyone in your household recently refused employment, lost employment or refused training for employment ? (Food Stamps)

Is anyone in your household currently self-employed, (such as farming, babysitting, etc) or has anyone had self-employment in the last 4 months ?

Does anyone have impairment related work expenses?

Does anyone in your household receive money for room and/or meals ?

Has anyone in the household been previously sanctioned for Food Stamp Employment Training (FSET) and now requesting Food Stamp benefits ?

Has anyone failed to cooperate with a W-2 agency, refused/quit a job, or refused to apply for other benefits ? (W-2)

Previous

Next

Employment

Employment Summary

CARESworkerweb
 User ID: XMI365 Username: F.Marzoni
 Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demograp.
 - Benefits/School
 - Non Financial
 - Long Term Care
 - Employment
 - Gatepost
 - Summary**
 - Employment
 - Loss of Employment
 - Self Employment
 - Impairment Expenses
 - Room/Board Earnings
 - WP Sanctions
 - Non Cooperation(W-2)
 - Unearned Income
 - Expenses
- Reference Tables

Employment Summary

Employment

Individual	Begin Month	Last Updated	Delete Reason	Seq	Employer Name	Emp Begin Date	Monthly MA Amount	Converted Amount	In-Kind Amount	Insurance Access
Homer Simpson 35 M PP	08/2003	08/08/2003		2	Department of Revenue	02/08/2003	850.69	850.69	139.69	Yes
Marge Simpson 32 F WIF	08/2003	08/08/2003	AE	2	Department of Motor Vehicles	03/06/2004	249.74	249.74	89.44	Yes

Loss of Employment

Individual	Begin Month	Last Updated	Delete Reason	Seq	Employment Lost Date	Wages Earned Per Week	Good Cause	Re-request FS
Homer Simpson 35 M PP	08/2003	08/08/2003		1	10/10/2003	113.56	Y	N
Marge Simpson 32 F WIF	08/2003	08/08/2003		2	11/20/2003	289	N	Y

Self Employment Income

Individual	Begin Month	Last Updated	Delete Reason	Seq	Type	Gross Income	Gross Expense	Disallowed Expense
Homer Simpson 35 M PP	08/2003	08/08/2003	AE	3	Business Owner/Operator	8564.89	2568	364.89
Marge Simpson 32 F WIF	08/2003	08/08/2003		2	Car Repair/Restoration	4586.36	1452.63	258.90

Impairment Related Work Expenses

Individual	Begin Month	Last Updated	Delete Reason	Seq	Expense Type	Expense Amount
Homer Simpson 35 M PP	08/2003	08/08/2003	AE	4	Private Auto Transport to/from work	452.80
Marge Simpson 32 F WIF	08/2003	08/08/2003		1	Tools needed for job	387.89

Room and Board Earnings

Individual	Begin Month	Last Updated	Delete Reason	Seq	Roomer/Boarder Name	No. of indiv paid for	Pay for Board?	Pay for Room?
Homer Simpson 35 M PP	08/2003	08/08/2003		1	Joanne Smith	2	Y	N
Marge Simpson 32 F WIF	08/2003	08/08/2003		2	Jane Smith	2	Y	N

Work Program Sanctions

Individual	Non-Part Month	Last Updated	Delete Reason	Sanction number	Type	Sanc Accept	Sanc Beg Month	Sanc End Month	Re-Req FS	Re-Req FS Date
Homer Simpson 35 M PP	08/2003	08/08/2003	AE	1	FS E & T N		01/01/2004	03/01/2004	Y	03/18/2004
Marge Simpson 32 F WIF	08/2003	08/08/2003		1	FS E & T N		01/01/2004	03/01/2004	Y	02/11/2004

Individual

Begin Month

Updated on or before

Employment

Employment Detailed Wage Version (After June 22, 2003)

CARESworkerweb

User ID: XM365 Username: F.Marzoni

Quick Select: CASE/RFA

Go

Help

Logout

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

Reset

Navigation Menu

Home

Search

Client Registration

Application Entry

Case Summary

Case Comments

Case Information

Individual Demographics

Non Financial

Long Term Care

Absent Parent Information

Asset Information

Employment

Gatepost

Summary

Employment

Loss of Employment

Self Employment

Impairment Expenses

Room/Board Earnings

W/P Sanctions

Non Cooperation(W-2)

Unearned Income

Expenses

Reference Tables

Employment Details

Reset

Employment Information

Effective Period

Begin Month: MM/YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Employer Information

Individual: Homer Simpson 33M PP Sequence: 1

W1 Employer Number: FEIN:

Employer Name: Address: City: State: Zip: Phone: Fax:

Employment Description

Job Title:

Employment Type: Verification:

Begin Date: MM/DD/YYYY Verification:

First Paycheck Date: MM/DD/YYYY

Employment Ended? Verification:

Employment End Date: MM/DD/YYYY Verification:

Date of last paycheck: MM/DD/YYYY Verification:

On Strike? Verification:

Strike Begin Date: MM/DD/YYYY Verification:

Strike End Date: MM/DD/YYYY Verification:

Pay Frequency: TJB Subsidy Amount: \$

BadgerCare Verifications

Wage Verified? Date: MM/DD/YYYY

Health Insurance Verified? Date: MM/DD/YYYY

Employer Verification Form (EVF) Information

Employer Signature on EVF-Earnings? Employer Signature on EVF-Health Insurance? Employer Refused Signature on Either Form?

Detailed Wage Information

Details

Rate Per Hour: \$ Wage Type: Average Hours Per Pay Period: Verification: Total Amount Per Pay Period: \$

Reset Update Add

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period
\$8.00	COM	12	AGENCY FORM	\$96.00
\$6.50	OSP	8	AWARD LETTER	\$52.00

Totals and Comments

Monthly In-kind Amount: \$ Verification:

Monthly Total Amount: \$148.00

Monthly MA Amount: \$148.00 Monthly Converted Amount: \$148.00

Override MA Amount: \$ Verification:

Override Converted Amount: \$ Verification:

Total Hours: 20 Override Hours:

Comments: Intake Interview

Current Size=17 Characters (214 Characters Max)

Enter New Begin Month: MM/YYYY Go

Individual: Homer Simpson 35M PP Sequence: Last Updated: MM/DD/YYYY Go

Insurance Previous Next

Employment

Employment Detailed Earned Income Version (Before June 22, 2003)

CARES

CARESworkeerweb

User ID: XMI365 Username: F.Marzoni Quick Select: CASE/RFA Help Logout

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

Navigation Menu

Home

Search

Client Registration

Application Entry

Case Summary

Case Comments

Case Information

Individual Demographics

Non Financial

Long Term Care

Absent Parent Information

Asset Information

Employment

Gatepost

Summary

Employment

Medical Insurance

Loss of Employment

Sell Employment

Impairment Expenses

Room/Board Earnings

WP Sanctions

Non Cooperation(W-2)

Unearned Income

Expenses

Reference Tables

Employment Details

Reset

Employment Information

Effective Period

Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Employer Information

Individual: Homer Simpson 33M PP Sequence: 1

W/ Employer Number: FEIN:

Employer Name: City:

Address: Zip:

State: Phone: Fax:

Employment Description

Job Title:

Employment Type: Verification:

Begin Date: MM/DD/YYYY Verification:

First Paycheck Date: MM/DD/YYYY

Employment Ended?

End Date: MM/DD/YYYY Verification:

Date of last paycheck: MM/DD/YYYY Verification:

On Strike?

Strike Begin Date: MM/DD/YYYY Verification:

Strike End Date: MM/DD/YYYY Verification:

Pay Frequency:

TJB Subsidy Amount: \$

BadgerCare Verifications

Wage Verified? Date: MM/DD/YYYY

Health Insurance Verified? Date: MM/DD/YYYY

Employer Verification Form (EVF) Information

Employer Signature on EVF-Earnings?

Employer Signature on EVF-Health Insurance?

Employer Refused Signature on Either Form?

Detailed Earned Income Information

Details

Payment date: MM/DD/YYYY Verification:

Hours: Gross Income: \$ Payment In-Kind: \$ Other: \$

Reset Update Add

Payment date	Verification	Hours	Gross Income Amount	Payment In-kind	Other
08/01/2003	AW AWARD LETTER	40	\$1500.00	\$500.00	\$200.00
12/01/2003	BS BANK STATEMENT	24	\$2300.00	\$760.00	\$100.00

Totals and Comments

Current YTD Amount: \$

Monthly Hours: 64

Monthly MA Amount: \$3800.00

Comments: Intake Interview

Current Size = 17 Characters (214 Characters Max)


Enter New Begin Month: MM / YYYY Go

Individual: Homer Simpson 35M PP Sequence: Last Updated: MM/DD/YYYY Go

Insurance Previous Next

Employment


Family Major Medical Insurance Access

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Gatepost
 - Summary
 - Employment**
 - Loss of Employment
 - Self Employment
 - Impairment Expenses
 - Room/Board Earnings
 - WP Sanctions
 - Unearned Income
 - Expenses
- Reference Tables

Family Major Medical Insurance Access For BadgerCare

Effective Period

* Begin Month: Last Updated: **11/05/2003**

Delete: ☐ Delete Reason:

Details

Employee: **Homer Simpson 35M PP** Employer Sequence: **1**

* Cooperating with Health Insurance Premium Payment (HIP)?

* Currently have access to group health plan through this employer? Verification:

If yes, is the employer paying 80% or more of the premium?

* Had access to group health plan in the last 18 months? Verification:

Would the employer have paid 80% or more of the premium?


* Do you have access to the state employee health plan? Verification:

Individuals Who Have/Had Access

Homer Simpson 35 M PP	<input type="checkbox"/>	Rich Simpson 27 M BTR	<input type="checkbox"/>	Rosy Simpson 26 F STR	<input type="checkbox"/>
Jane Simpson 33 F WIF	<input type="checkbox"/>	Paul Simpson 18 M BTR	<input type="checkbox"/>	Don Simpson 19 M BTR	<input type="checkbox"/>
Paul Simpson 35 M FRD	<input type="checkbox"/>	Susan Simpson 38 F STR	<input type="checkbox"/>	Peter Simpson 30 M BTR	<input type="checkbox"/>

Future Access

Will you have access to group health plan in next 12 months? Verification:


If yes, date when you can apply for the group health plan? 

Would the employer pay 80% or more of the premium?

Updated on or before

Employment

Loss of Employment

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
- Employment
 - Gatepost
 - Summary
 - Employment
 - Loss of Employment**
 - Self Employment
 - Impairment Expenses
 - Room/Board Earnings
 - WP Sanctions
 - Non Cooperation(W-2)
 - Unearned Income
 - Expenses
- Reference Tables

Loss Of Employment

Effective Period

* Begin Month: MM / YYYY End: Last Updated: **11/05/2003**

Delete: ☐ Delete Reason:

Additional Information

* Individual: Jane Smith 33F WIF Sequence : **1**

Employer Name:

* Lost Employment? Date Employment Lost: MM / DD / YYYY

Hours Worked Per Week: Wages Earned Per Week:

Good Cause? Verification:

Good Cause Reason:

* Re-request Food Stamps? Request Date MM / DD / YYYY

Enter New Begin Month: MM / YYYY

Individual Homer Simpson 35M PP Sequence Updated on or before MM / DD / YYYY

Employment

Self Employment

CARESworkerweb
 User ID: XMI365 Username: F.Marzoni
 Quick Select: CASE/RFA

Primary Person: Homer Simpson
 Case: 1234567890
 Status: Pending Mode: Intake

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
- Case Summary
- Case Comments
- Case Information
- Individual Demographics
- Non Financial
- Long Term Care
- Absent Parent Information
- Asset Information
- Employment
 - Gatepost
 - Summary
 - Employment
 - Loss of Employment
 - Self-Employment**
 - Impairment Expenses
 - Room/Board Earnings
 - WP Sanctions
 - Non Cooperation(W-2)
 - Unearned Income
 - Expenses
- Reference Tables

Self-Employment Details

Effective Period

* Begin Month: MM / YYYY End: Last Updated: 11/05/2003
 Delete: ☐ Delete Reason:

Additional Information

* Individual: Jane Smith 33F WIF Sequence: 1
 * Type:
 * Self-Managed? ☐
 Monthly Hours: Verification:
 * Number of Months for Average:

Details

Gross Income: \$ Verification:
 Gross Expenses: \$ Verification:
 Disallowed Expenses: \$

Gross Income	Verification	Gross Expense	Verification	Disallowed Expense	
894.00	BILLS	5010.23	AGENCY FORM	100.00	<input type="button" value="Delete"/> <input type="button" value="Edit"/>
3802.68	AGENCY FORM	4622.51	BILLS	140.00	<input type="button" value="Delete"/> <input type="button" value="Edit"/>
15871.36	AGENCY FORM	9853.58	BILLS	260.00	<input type="button" value="Delete"/> <input type="button" value="Edit"/>

Self Employment Budget Estimate


Average Income \$ 6856.01
 Average Expense \$ 6495.44
 Average Disallowed Expense \$ 166.67
 Net Income for MA, FS \$ 527.24
 Net Income for CC \$ 2172.60

Obsolete Information

Income Discontinued? Date Loss of Income Reported: MM/DD/YYYY

Employment


Impairment Related Work Expense

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
- Employment
 - Gatepost
 - Summary
 - Employment**
 - Loss of Employment
 - Self Employment
- Impairment Exp.**
 - * Room/Board Earnings
 - * WP Sanctions
 - * Non Cooperation(W-2)
- Unearned Income
- Expenses
- Reference Tables

Impairment Related Work Expenses

Effective Period

Last Updated: 11/05/2003

Individual Information Period

* Individual: Homer Simpson 35M PP


Additional Information





* Begin Month: MM / YYYY End: Sequence: 1

* Expense Type:



* Expense Amount: \$ Verification:

Delete: ☐ Delete Reason:



Begin Month	End Month	Delete Reason	Sequence	Expense Type	Expense Amount	Verification		
08/2003			2	PRIV AUTO TRANS TO/FROM WORK	300.00	AGENCY FORM		
06/2003	06/2003		1	WK RELATED DUES FOR PROF. ASSO	450.00	COURT ORDER		




Enter New Begin Month: MM / YYYY

Individual: Homer Simpson 35M PP

Sequence:

Updated on or before: MM/DD/YYYY


  

Wednesday, May 12, 2004

Page 89 of 113

Employment


Room and Board Earnings

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Gatepost
 - Summary
 - Employment
 - Loss of Employment
 - Self Employment
 - Impairment Exp.
 - Room/Board Earn.**
 - WP Sanctions
 - Non Cooperation(W-2)
 - Unearned Income
 - Expenses
- Reference Tables

Room And Board Earnings

Effective Period

* Begin Month: End: Last Updated: **11/05/2003**

Delete: ☐ Delete Reason:

Additional Information

* Earner: Sequence: **1**

* Roomer/Boarder:

* Number of Individuals paid for:

Board

* Does Individual pay for Board? Verification:

Number of Meals per Day:

Monthly Payment Amount: \$

Monthly Expense Amount: \$ Verification:

Room

* Does Individual pay for Room? Verification:

Monthly Payment Amount: \$

Monthly Expense Amount: \$ Verification:

Obsolete Information

Discontinuous Income?

  Individual Sequence Updated on or before

Wednesday, May 12, 2004


Page 90 of 113

Work Programs Sanctions

Page 91 of 113

Employment


Non Cooperation Information

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Asset
- Employment
 - Gatepost
 - Summary
 - * Employment
 - * Medical Insurance
 - * Loss of Employment
 - * Self Employment
 - * Impairment Expenses
 - * Room/Board Earnings
 - * WP Sanctions
 - Non-Cooperation**
- Reference Tables


Non-Cooperation Information

Effective Period

Last Updated: **11/05/2003**

Additional Information

Individual **Homer Simpson 35M PP** Non-Cooperation Type Non-Cooperation Date Sequence **1**




Name	Non-Cooperation Type	Non-Cooperation Date	Seq	Delete	
Homer Simpson	REFUSED WITHIN 180 DAYS TO COOP WITH W-2 AGCY FOR UNSUB	03/03/2003	1		
Jane Simpson	PPERSON HAS FAILED/REFUSED TO APPLY FOR OTHER BENEFITS	03/03/2003	1		

Updated on or before

Unearned Income


Unearned Income Gatepost

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Gatepost**
 - Summary
 - * Unearned Income Detail
 - * Educational Aid
 - Expenses
 - Reference Tables

Unearned Income Gatepost

Effective Period

Last Updated: **11/05/2003**

Unearned Income

Does anyone in your household receive income from any of these sources?

* AA - Adoption Assistance:	<input type="text"/>	* AN - Annuities:	<input type="text"/>
* CH - Charitable Contributions:	<input type="text"/>	* CS - Child Support/Maintenance/Alimony:	<input type="text"/>
* DI - Sick/Disability Benefits:	<input type="text"/>	* DV - Dividends:	<input type="text"/>
* FD - Foster Care:	<input type="text"/>	* GR - General Relief:	<input type="text"/>
* IN - Interest:	<input type="text"/>	* MA - Military Allotment:	<input type="text"/>
MN - Maintenance / Alimony:	No	* MD - Money From Other Person:	<input type="text"/>
* NA - National Refugee Relief:	<input type="text"/>	* OT - Other:	<input type="text"/>
* PA - Assistance In Another State:	<input type="text"/>	* PE - Other Pension/Retirement:	<input type="text"/>
* PS - Payments From Property Sold:	<input type="text"/>	* RE - RNIP:	No
* RR - Railroad Retirement:	<input type="text"/>	* SI - Supplemental Security Income:	<input type="text"/>
* SS - Social Security:	<input type="text"/>	* TR - Trust Fund:	<input type="text"/>
* UN - Unemployment Insurance:	<input type="text"/>	* VE - Veteran Benefits:	<input type="text"/>
* WC - Workers Compensation:	<input type="text"/>	* KC - Kinship Care:	<input type="text"/>
* TT - Tribal TANF:	<input type="text"/>		

Educational Aid


* Does anyone in your household receive educational aid?

Previous

Next


Unearned Income

Unearned Income Summary



User ID: XMI365 Username: F.Marzoni Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake






Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Gatepost
 - Summary**
 - Unearned Income Detail
 - Educational Aid
 - Expenses
 - Reference Tables

Unearned Income Summary



Unearned Income

Add

Individual	Begin Month	Last Updated	Delete Reason	Income Type	Seq	Amount	
Jane Simpson 33F WIF	06/2003	06/03/2003		Workers Compensation	1	100.00	
Joanne Simpson 25F STR	07/2003	07/08/2003		Social Security	2	50.00	
Joanne Simpson 25F STR	05/2003	05/04/2003		Dividends	1	75.00	

Educational Aid

Add

Individual	Last Updated	Delete Reason	Semester Begin Month	Semester End Month	Sem Seq Num	Income Discontinuous	
Jane Simpson 33F WIF	06/05/2003		06/2003	07/2003	1	No	
Joanne Simpson 25F STR	04/06/2003		04/2003	04/2003	1	No	

Individual

Begin Month


Updated on or before

Previous

Next

Unearned Income

Unearned Income

 CARESworkerweb

User ID: XMI365 Username: F.Marzoni


Quick Select: CASE/RFA

Go

Help

Logout

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Reset

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
- Case Summary
- Case Comments
- Case Information
- Individual Demographics
- Non Financial
- Long Term Care
- Absent Parent Information
- Asset Information
- Employment
- Unearned Income
- Gatepost
- Summary
- Unearned Income
- Educational Aid
- Expenses
- Reference Tables

Unearned Income

Effective Period

Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Income Information

Individual: Jane Simpson 33F WIF Sequence: 1

Income Type:

Verification:

Begin Date: MM / DD / YYYY End Date: MM / DD / YYYY

Income Discontinued? Date Loss of Income Reported: MM / DD / YYYY

Frequency Period: M Monthly Number of Pays: 1

Income Available? Monthly Amount: \$170.00

Disregards and Expenses

SSI Pass Account Amount: \$

SSIE Expenses: \$

FFU Child Support Disregard Amount: \$

SSA COLA/Disabled Adult Children Disregard Amount: \$

Verification:

Current Disregard Amount: \$

Details

Payment Date: MM / DD / YYYY Gross Income Amount: \$ Verification:

Reset Update Add

Payment Date

Gross Income Amount

Verification

11/01/2003

\$50.00

AW AWARD LETTER

11/03/2003

\$120.00

BS BANK STATEMENT

Comments:

Current Size = 47 Characters (240 Characters Max)


Enter New Begin Month: MM / YYYY Go

Individual: Homer Simpson 35M PP Sequence: Updated on or before: MM / DD / YYYY Go

Previous Next

Unearned Income


Educational Aid

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Gatepost
 - Summary
 - Unearned Income**
 - Educational Aid**
 - Expenses
 - Reference Tables

Educational Aid

Effective Period (Semester)

* Begin Month: MM / YYYY * End Month: MM / YYYY Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Additional Information

* Individual: Jane Simpson 33F WIF Semester Sequence Number: 1

* Income Discontinued? ☐ Number of Months: 1

Details


Delete: ☐ Delete Reason:

* Begin Month: MM / YYYY Sequence: 2 End Month: MM / YYYY

Aid/Expense type:

Amount: \$

Verification:



Sequence	Begin Month	End Month	Aid Type	Amount	Verification
1	08/2003		TUITION	\$300.00	AGENCY FORM
2	09/2003		LOANS COUNTABLE	\$1400.00	COURT ORDER

Enter New Begin Month: MM / YYYY

Individual: Homer Simpson 35M PP Sequence: Updated on or before: MM/DD/YYYY

Expenses

Expense Gatepost

CARESworkerweb

User ID: XMI365 Username: F.Marzoni


Quick Select: CASE/RFA

Go

Help

Logout

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Reset

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Expenses
 - Gatepost
 - Summary
 - Dependent Care
 - Support
 - Medical Expense
 - Shelter
 - Utility
 - Reference Tables

Expense Gatepost

Effective Period

Last Updated: 11/05/2003

Dependent Care Obligations/ Payments

* Does anyone in your household pay for someone to care for a dependent child or disabled/ incapacitated adult so that a household member can get to work or training/ school or look for a job?

Support Obligations/ Payments

* Does anyone in your household make any support payments to/ for persons living in another household (Child support, Maintenance, etc.)?

OR

Is an institutionalized person required by the court to pay guardian or attorney's fees?

Medical Expenses

* Does anyone in your household have any medical expenses which have been paid during the last 4 months or any medical expenses which are unpaid ?

Shelter

Does anyone in your household incur shelter costs? OR

Does an institutionalized individual intending to return home incur shelter costs for maintaining a home or apartment?

* RT - Rent or Lot Rent:

* PT - Property Tax:

* ML - Mobile Home Loan Payments:

* MO - Mortgage:

* HI - Insurance on Structure:

* SA - Special Assessments:

Utility

Does anyone in your household incur utility costs? OR

Does an institutionalized individual intending to return home incur utility costs for maintaining a home or apartment?

* GA - Gas(natural):

* PH - Phone:

* WA - Water:

* FO - Fuel Oil/Kerosene:

* IN - Installation:

* WS - Waste Water Treatment:

* WD - Wood:

* EL - Electricity:

* LP - LP Gas:

* TR - Trash Removal:

* SE - Sewer:

* CO - Coal:

* OT - Other:

* Does anyone in your household currently receive a LIHEAP payment?

Subsidized Housing Information

* Effective Month /


* Subsidized Housing Status

Enter New Begin Month: Go

Previous Next

Expenses

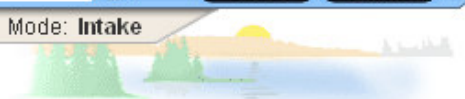
Expenses Summary

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Expenses
 - Gatepost
 - Summary**
 - Dependent Care
 - Support
 - Medical Expense
 - Shelter
 - Utility
- Reference Tables

Expenses Summary

Dependent Care Obligation/ Payments

Individual	Begin Month	Last Updated	Delete Reason	Seq	Obligation Amount	Payment Amount	Paid For	
Jane Simpson 33F WIF	06/2003	06/02/2003		1	\$ 100.00	\$ 100.00	Joanne Simpson 25F STR	<input type="button" value="Add"/> <input type="button" value="Search"/>

Support Obligations/ Payments

Individual	Begin Month	Last Updated	Delete Reason	Seq	Obligation Amount	Payment Amount	Support Type	
Jane Simpson 33F WIF	06/2003	06/02/2003		1	\$ 100.00	\$ 100.00	Child Support	<input type="button" value="Add"/> <input type="button" value="Search"/>

Medical Expense

Individual	Begin Month	Last Updated	Delete Reason	Seq	Expense Type	Service Date	Budgetable Expenses	
Jane Simpson 33F WIF	06/2003	06/02/2003		1	Drugs and Supplies	06/12/2003	\$ 150.00	<input type="button" value="Add"/> <input type="button" value="Search"/>

Shelter Costs

Individual	Begin Month	Last Updated	Delete Reason	Seq	Shelter Type	Obligation Amount	Payment Amount	
Jane Simpson 33F WIF	06/2003	06/05/2003		1	Mobile home loan payment	\$ 150.00	\$ 100.00	<input type="button" value="Add"/> <input type="button" value="Search"/>

Utility Costs

Individual	Begin Month	Last Updated	Delete Reason	Seq	Utility Type	Obligation Amount	Payment Amount	
Jane Simpson 33F WIF	06/2003	06/05/2003		1	Waste wood treatment	\$ 150.00	\$ 125.00	<input type="button" value="Add"/> <input type="button" value="Search"/>


Individual

Begin Month

Updated on or before

Expenses


Dependent Care Obligations / Payments

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Expenses
 - Gatepost
 - Summary
 - Dependent Care**
 - Support
 - Medical Expense
 - Shelter
 - Utility
- Reference Tables

Dependent Care Obligations/ Payments

Effective Period

Begin Month: MM / YYYY

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Additional Information

Payor: Jane Simpson 33F WIF

Sequence: 1

Dependent Care Paid For:

Verification:

Discontinuous Income?

Allowable Monthly Dependent Care Obligation Amount: \$

Allowable Dependent Care Payment Amount: \$

Provider Information

Provider:

First Name:

Middle Name:

Last Name:

Organization:

Address:

City:

State:

Zip:

Phone:

Enter New Begin Month: MM / YYYY

Individual

Sequence


Updated on or before

Homer Simpson 35M PP

MM/DD/YYYY

Expenses


Support Obligations / Payments

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select: **CASE/RFA**

Primary Person: **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Expenses
 - Gatepost
 - Summary
 - Dependent Care**
 - Support**
 - Medical Expense
 - Shelter
 - Utility
- Reference Tables

Support Obligations/ Payments

Effective Period

Begin Month: /

End:

Last Updated: **11/05/2003**

Delete: ☐

Delete Reason:

Additional Information

Payor: Sequence: **1**

Support Type:

Court Ordered?

Obligation Amount: \$

Payment Amount: \$

Verification:

Verification:


Enter New Begin Month: /

Individual Sequence

Updated on or before

Expenses


Medical Expense

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Expenses
 - Gatepost
 - Summary
 - Dependent Care
 - Support
 - Medical Care
 - Medical Expense**
 - Shelter Costs
 - Utility Costs
- Reference Tables

Medical Expense

Effective Period

* Begin Month:

Last Updated: **11/05/2003**

Delete: ☐

Delete Reason:

Details

* Individual: Sequence: **1**

* Expense type:

* Service date:

Source/Provider: Verification:

* Expense incurred for:

* Total billed amount: \$

Third Party Liability (TPL) amount: -\$

Client liability amount: **\$0.00**

Budgetable expense: \$

* Payment plan (for Food Stamps): Number of months in payment plan:

Enter New Begin Month:

Individual: Sequence:


Updated on or before:

Wednesday, May 12, 2004

Page 101 of 113

Expenses


Shelter Costs

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Expenses
 - Gatepost**
 - Summary
 - Dependent Care
 - Support
 - Medical Expense
 - * Shelter Costs**
 - * Utility Costs
- Reference Tables

Shelter Costs

Effective Period

* Begin Month: End: Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Expense Information

* Payor: Sequence: 1

* Shelter type:

Obligation amount: \$ Verification:

Payment amount: \$ Verification:

* Contribution amount unknown?

Additional Information

Shelter cost paid to:

Address:

City: State: Zip:

Phone:


Enter New Begin Month:

Individual: Sequence:

Updated on or before:

Expenses


Utility Costs

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Expenses
 - Gatepost
 - Summary
 - Dependent Care
 - Support
 - Medical Expense
 - Shelter Costs
 - * Utility Costs**
 - Reference Tables

Utility Costs

Effective Period

* Begin Month: End:
Delete: ☐ Delete Reason:

Last Updated: 11/05/2003

Expense Information

* Payor: Homer Simpson 35M PP Sequence: 1

* Utility type:

* Used for heating? * Billed for expense?

Obligation Amount: \$ Verification:

Payment amount: \$ Verification:

* Contribution amount unknown?

Additional Information

Utility cost paid to:

Address:

City: State: Zip:

Phone:

Enter New Begin Month:


Individual
Homer Simpson 35M PP

Sequence

Updated on or before

Medical


Medical Gatepost

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
 - Medical Information
 - * Gatepost**
 - Summary
 - * Medical Coverage**
 - * Medicare**
 - Expenses
 - Reference Tables

Medical Gatepost

Effective Period

Last Updated: **11/05/2003**

Questions


Does anyone in the household have health care coverage now or in the past three months?
OR
Does anyone in the household have court ordered or pending insurance settlements?
OR
Is there anyone in the household who will not cooperate with obtaining medical support coverage?

Is anyone in the household entitled to Medicare Part A or Part B benefits ?

Is there anyone in your household who has been involved in an accident within the last three months ?

Medical

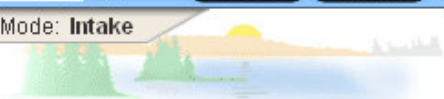
Medical Summary

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Medical Information
 - Gatepost
 - Summary**
 - Medical Coverage**
 - Medicare
 - Expenses
- Reference Tables

Medical Summary

Medical Insurance Coverage

Policy Holder : **Homer Simpson** Sequence : **3** Insurance Carrier : **MCM Corporation** Premium Amount: **300.00**

Individual	Last Updated	Delete Reason	Begin Date	End Date	Relationship	Major Medical	Good Cause	
Homer Simpson 35M PP	01/01/2004		01/01/2003	11/30/2003	Self	Y	Other applicable reason	
Jane Simpson 33F WIF	01/15/2004	Carrier Code Entered Incorrectly	01/01/2003	12/31/2003	Spouse			

Policy Holder : **Homer Simpson** Sequence : **2** Insurance Carrier : **Hornel Inc** Premium Amount: **300.00**

Individual	Last Updated	Delete Reason	Begin Date	End Date	Relationship	Major Medical	Good Cause	
Homer Simpson 35M PP	10/01/2002		05/01/2002	11/30/2002	Self			
Jane Simpson 33F WIF	10/01/2002		05/01/2002	11/30/2002	Spouse			
Mary Simpson 12M SON	10/01/2002		05/01/2002	11/30/2002	Child			

Policy Holder : **Jane Simpson** Sequence : **1** Insurance Carrier : **Akers Packaging** Premium Amount: **300.00**

Individual	Last Updated	Delete Reason	Begin Date	End Date	Relationship	Major Medical	Good Cause	
Jane Simpson 33F WIF	04/01/2002		04/01/2002		Self	Y		

Medicare

Individual	Begin Month	Last Updated	Delete Reason	Entitled to part A?	Premium Amount	Entitled to part B?	Premium Amount	
Homer Simpson 35M PP	06/2003	06/01/2003		Y	100.00	N		<input type="button" value="Search"/>
Jane Simpson 33F WIF	04/2003	04/01/2003	AE	Y	100.00	Y	100.00	<input type="button" value="Search"/>

Individual

Begin Month

Updated on or before

Wednesday, May 12, 2004

Page 105 of 113

Medical

Medical Coverage

CARESworkerweb
 User ID: XMI365 Username: F.Marzoni
 Quick Select: CASE/RFA
 [Go](#)
[Help](#)
[Logout](#)

Primary Person : Homer Simpson
 Case: 1234567890
 Status: Pending
 Mode: Intake

Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
- Case Summary
- Case Comments
- Case Information
- Individual Demographics
- Non Financial
- Long Term Care
- Absent Parent Information
- Asset Information
- Employment
- Unearned Income
- Medical Information
- Gatepost
- Summary
- Medical Coverage**
- Medicare
- Expenses
- Reference Tables

Medical Insurance Coverage

Effective Period

* Begin Month: MM / YYYY
 End:
 Last Updated: 11/05/2003
 Delete:
 Delete Reason:

Details

* Policy Holder: Homer Simpson 35F PP
 Sequence: 1
 First Name:
 Middle Name:
 Last Name:
 SSN:
 Carrier Code:
 Policy number:
 Premium:
 Verification:
 Frequency:
 Group number:
 Is the policy holder an absent parent?
 Court ordered?
 Cooperation?
 Uncooperative person?

Insurance Provider Address

Insurance provider's name:
 Address:
 City:
 State:
 Zip:

Employer Information

Providing medical insurance coverage:

Individual information

* Individual:
 Relationship to policy holder:
 * Verification: Verified by Insurance Disclosure
 * Begin date: MM / DD / YYYY
 End date: MM / DD / YYYY
 * Major Medical:
 Good Cause:
 Delete:
 Delete Reason:

Individual	Delete Reason	Relation	Verification	Begin date	End date	Major Medical	Good cause
Homer Simpson 35M PP		Self	X	01/01/2003	12/31/2003	Yes	OT
Jane Simpson 33F WIF		Spouse		01/01/2003	12/31/2003	No	

[Reset](#)
[Update](#)
[Add](#)


Enter New Begin Month MM / YYYY
 [Go](#)

Individual
 Sequence
 Updated on or before
 MM / DD / YYYY
 [Go](#)

[Previous](#)
[Next](#)

Medical


Medicare

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments
 - Case Information
 - Individual Demographics
 - Non Financial
 - Long Term Care
 - Absent Parent Information
 - Asset Information
 - Employment
 - Unearned Income
- Medical Information
 - Gatepost
 - Summary
 - Medical Coverage
 - Medicare**
 - Expenses
- Reference Tables

Medicare

Effective Period

* Begin Month: / End: Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Individual Information

* Individual:

Part A Information

* Entitled to Part A?

Begin Date: / / End Date: / /

Premium Amount: \$ Verification:

Premium Payor: Verification:

Part B Information

* Entitled to Part B?

Begin Date: / / End Date: / /

Premium Amount: \$ Verification:

Premium Payor: Verification:

Additional Information

Health Insurance Care Number (HIC):

* Is your medical coverage through Railroad Retirement?

Enter New Begin Month: /

Individual


Homer Simpson 35M PP

Updated on or before

/ /

W-2 / Child Care


W-2 Information

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Asset
- W-2 / Child Care
 - W-2 Information**
 - W-2 Clocks Information
- Reference Tables

W-2 Information

Effective Period

* Begin Month: /

Last Updated: **11/05/2003**


Delete: ☐


Delete Reason:

Additional Information


Sequence: **1**


FEP ID:

FEP Interview Date: / / 

W-2 Begin Date: / / 

FEP Name: **J. Smith**


Pre-Eligibility Requirements Met ? 

W-2 End Date: / / 

Placement Information



Participant:




Placement:

Placement Begin Date: / / 

Placement End Date: **11/15/2003**

Enter New Begin Month: /

  Individual Sequence Updated on or before / /


  

Wednesday, May 12, 2004

Page 108 of 113

W-2 / Child Care


W-2 Clocks Information


**CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**


Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



 **Navigation Menu**

- Home
- Search
- Client Registration
- Application Entry
 - Individual Demographics
 - Non Financial
 - W-2 / Child Care
 - W-2 Information
 - W-2 Clocks Info.**
- Reference Tables

 **W-2 Clocks Information**

Individual Information

Individual: **Homer Simpson 35 M**


Clocks Summary

Clock Type	Used	Remaining	Maximum
60MO - 60 MONTH CLOCK	61	2	63
CSJ - COMMUNITY SERVICE JOBS	23	3	26
W2T - W-2 TRANSITION	25	2	27
TJB - TRIAL JOBS	0	2	2
CMC - CARETAKER OF NEWBORN	0		
OPC - OTHER PERSON CLOCK	0		
OTF - OTHER TANF	0		
JOBS - ACTIVE JOBS PARTICIPATION	13		
Federal 60 Month	0		

Clock Details


(Results 1 - 20 of 25) of 2 Pages

Clock Information				Extension Information							
Eligibility Month	Clock Type	Included in Federal	Override Reason	Extension Clock Type	Extension Begin Month	Extension End Month	Agency Decision	State Decision	Delete Reason	Updated By	Updated Date
01/2003	W2T	Yes	APA	60MO	01/2003	03/2003	ERA	SB3		CARES	01/01/2003
12/2002	W2T	Yes								CARES	01/01/2003

 Individual **Homer Simpson 35M PP**

Eligibility Month

Updated on or before




Wednesday, May 12, 2004

Page 109 of 113

W-2 / Child Care


Manual Child Care Eligibility

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select: **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Asset
- W-2 / Child Care
 - CC Activity Status**
 - KC/FC Manual Elig.**
- Reference Tables

Manual Eligibility For Kinship / Foster Care Children

Effective Period

Last Updated: **11/05/2003**

Additional Information

		Natural Parent Information			
Individual	Begin Month	Family Size	Total Income	Eligibility Result	
Joanne Simpson 2F DAU	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Print"/>
Jack Simpson 2M SON	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Print"/>

Begin Month


/

Updated on or before

/ /

W-2 / Child Care


Child Care Activity Status

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select: **CASE/RFA**

Primary Person: **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

- Home
- Search
- Client Registration
- Application Entry
 - Case Summary
 - Case Comments**
 - Case Information
 - Individual Demographics
 - Non Financial
 - Asset
- W-2 / Child Care
 - CC Activity**
 - KC/FC Manual Eliq.**
 - Reference Tables

Child Care Activity Status

Effective Period

Last Updated: **11/05/2003**

Additional Information

Individual	* Begin Month	* Activity	Activity Type
Homer Simpson 35 M PP	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Info"/>
Jane Simpson 35 F WIF	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Info"/>

Begin Month


/

Updated on or before

/ /

Application Entry


Case Summary

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



Navigation Menu

[Home](#)
[Client Registration](#)
[Application Entry](#)
[Case Summary](#)
[Case Comments](#)
[Case Information](#)
[Individual Demograp.](#)
[Non Financial](#)
[Long Term Care](#)
[Reference Tables](#)

Case Summary

Summary Information


Primary Person Name:	Homer Simpson 35M	Language:	English
Office:	Milwaukee County DSS (5040)		
Agency:	Milwaukee (40)	Worker:	F. Marzoni (XMI100)
File Location:	Intake	File Location Date:	05/31/2004
Filing Date:	05/31/2002	Case Closed Date:	N/A
Last Review Date:	10/31/2003	Next Review Date:	05/31/2004
Household Address:	433 W. Washington Ave., Madison, WI 53703		
Alternate Address:	N/A		

Default Begin Month for New Data:

What would you like to do?

Search

Individual Summary

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**

Navigation Menu

[Home](#)
[Search](#)
[Individual Summary](#)
[Client Registration](#)
[Application Entry](#)
[Reference Tables](#)

Individual Summary

Individual

Name:	Homer Simpson	PIN:	0123456789 (Good)	Associated PIN(s):	123456789, 567891234
Alias(es):	Homer S, H Simpson	SSN:	145-64-7890	Gender:	Male
Birth Date:	06/04/1945	Language:	English		

RFAs and Cases

☒ **RFA: 0123456789 (Primary Person)**

RFA Date:	10/01/2002	Status:	Withdrawn	Case Closed:	N/A
RFA Type:	Economic Support	Overpayment:	Yes		
Office:	Milwaukee County DSS (5040)				
Agency:	Milwaukee (40)	Worker:	F.Marzoni (XMI100)		
Primary Person:	Homer Simpson	Info Provider:	John Smith Jr.		
Household Address:	433 W. Washington Ave., Madison, WI 53703	Phone:	608-283-3030		

☐ **Case: 0123456789 (Not Primary Person)**

Filing Date:	10/01/2001	Status:	Closed	Case Closed:	01/01/02
RFA Type:	Economic Support	Overpayment:	Yes		
Office:	Milwaukee County DSS (5040)				
Agency:	Milwaukee (40)	Worker:	F.Marzoni (XMI101)		
Primary Person:	James Smith	Info Provider:	None.		
Household Address:	433 W. Washington Ave., Madison, WI 53703	Phone:	608-283-3030		

☐ **Create new RFA for this individual**